(CFA-4) Summary Sheet

State Form 4606 (R9 /11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?

Yes No

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2. Acronym or abbreviated name, if any	3. Committee t	elephone number 73-2	3488
Mailing address (address where all campaign finance correspondence is received)  Characteristics (address where all campaign finance correspondence is received)  Characteristics (address where all campaign finance correspondence is received)	eck if this is a new		TOTAL PAGES; Enter the la including any alleghed sched
5. City, state, ZIP code NABLES VILLE, FN 46061	RE	ion (if applicable) PUBLICAN	S THE AN AMENDMENT
CANDIDATE INFORMATION (For Cand	lidate's Comm	ittees Only)	<b>国外共共 100000000000000000000000000000000000</b>
7. Full name of candidate (include any nickname)  MARY SUE KOWLAND	8. Party affiliati	ion or if independent	FRM 1 Enter the full name of Departments (Form CFA-1
9. Office sought (Include district number, if any. Not required for exploratory committee.)  MMON COUNCIL AT LARGE - NOBLESHILL  TYPE OF REPORT	10. County of r	HAMILT	ON CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, at	nd 20 must be "0")		
Untgoing Treasurer (within 10 days amend Statement of Organization)	ACCURATION OF THE	☐ Post-Conventi	
12. Reporting period: From: 4-1/-03 Through: 10-10-03	orbbe won a d	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	shoton moon	0	
14. Cash on hand and investments January 1, current year.			+
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions	ibutions.)	3011275	29/01 7/
15a. Itemized (use Schedule A)	-	3966.75	3906.75
15b. Uniternized	aphan ett o	3966.75	30/0676
15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL .	3910675	34101275
EXPENDITURES	TOTAL		
(Note: These amounts include in-kind expenditures and loan repayments.)	consq a to car		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	v balstills lon	3966.75	3966.75
17b. Unitemized	daguant no nee	0	0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	3966.75	3966.75
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both α		8	A
A CONTRACTOR OF STREET STREET STREET STREET STREET	milis) TOTAL	0	DE LA SELECTION DE LA SELECTIO
19. Debts OWED BY the committee (use Schedule D)	toleral to	8	
20. Debts OWED TO the committee (use Schedule E)			对 在

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Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	of Z

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. SANDRA ELLIOTT THOMPSON 1243 CLINTON ST.	Contributions:   XDirect   In-Kind (describe)	nto the to seembt	gellam bas	4/20/03
NOBLES VILLE, IN 46060  Contributor's Occupation (if required)	Other Receipts:  Interest □Loan  Misc (specify)	5000	5000	MARYSUE ROWLAND
2 ROSALIE M. MOREY 7270 OAK COVE LANE	Contributions:  Pripriect In-Kind (describe)	OR OTHER	TRIBUTION provided (sur	4/21/03
NOBLES UILLE, IN 46060  Contributor's Occupation (d'required)	Other Receipts:  Interest □Loan  Misc (specify)	30000	300∞	MARY SUE ROWLAND
995 STARDUST BLVD.	Contributions: Direct In-Kind (describe)	reboelso i	es to mag	4/22/03
NOBLES VILLE, FN 46060  Contributor's Occupation (# required)	Other Receipts:  Interest □ Loan  Misc (specify)	10000	10000	ROULAMS
LINDA-STAN MURRAY 7236 OAKBAY DR.	Contributions:  Direct In-Kind (describe)	SCHEDULE LOF ALL PAGE	S PAGE OF	4/14/03
NOBLESUILLE, IN 46060  Contributor's Occupation (# required)	Other Receipts:  Interest Iloan Misc (specify)	10000	10000	MARY SUE ROWLAND
JOHN AND BETTY L. KYLE 347 SANDBROOK DR.	Contributions:  Direct In-Kind (describe)	700	700	4/14/03
NOBLES VILLE, TN 46060 Contributor's Occupation (if required)	Other Receipts:  Interest Loan Misc (specify)	7500	7500	MARY SUE ROWLAU)
SUB TOTAL TH TOTAL OF ALL PAGES OF SCHEDULE A ( (Enter total on ITEM 15a of the Summary S		\$ 625°°		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
D.J. GAIL ALM QUIST 7249 LANDS ENDCR.	Contributions:	co its to acerb	is prillant bna	4/14/03
NOBLESUILE IN 46060 Contributor's Occupation (if required)	Other Receipts:	5000	5000	MARYSUE ROWAUD
WILLIAM REID 104 WILSHIRE CT.	Contributions:  Direct  In-Kind (describe)	OR OTHER	Provided (suc	4/14/03
NOBLESUILLE, IN 46060  Contributor's Occupation (if required)	Other Receipts:  Interest □Loan  Misc (specify)	100000	10000	MARY SUE ROWLAND
and S in the same as the entry in Column A.	Contributions:  Direct In-Kind (describe)	c tabneina	lane to 2100	sb-cl-resy those
Contributor's Occupation (if required)	Other Receipts:  ☐ Interest ☐ Loan ☐ Misc (specify)	senth, day, and oney order, Ne oash is acce	D: Enlar the time of the characters when	beviscer estin ers anollydir
A Schedule A. Ethere is only one page of the Schedule.	Contributions:  Direct In-Kind (describe)	SCHEDULE OF ALL PAG	PAGE OF	TOTAL THE
Contributor's Occupation (if required)	Other Receipts:	ICHEDULE or this figure of	PAGES OF L duta A. Also es	AL OF ALL pages on Sche
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest □ Loan □ Misc (specify)			
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### OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
ROWLAND PRINTING	Contributions:  Direct In-Kind (describe)	no le lo zaeste	s pallem bas	8/6/03
199 N. NINTH ST. NOBLESVILLE, IN 4060	Other Receipts:	1451.75	1451.75	MARY SUE ROWAND
HOME TOWN T.V. PO. BOX 1386	Contributions:  Direct In-Kind (describe)	OR OTHER S 65 VARY 61921	MOD USER SUR) BEDINGS SURVE THES	4/22/03
NOBLESUILLE, IN 46060	Other Receipts:  Interest □ Loan  Misc (specify)	840°°	840°	MARYSUE ROMAND
IN DUSTRIAL DIELECTRICS P.D. BOX 357	Contributions: Si Direct In-Kind (describe)	s calender o	oon of sec	4/15/03
NOBLESUILLE, FN 46060	Other Receipts:	5000	500°	MARYSUE ROWLAND
page of Schedule A. It there is only one page of this Schedule.	Contributions:  Direct In-Kind (describe)	SCHEDULE LOF ALL PAGE	S PAGE OF the as the TOTAL	STOTAL THE
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	Contributions:  Direct In-Kind (describe)			
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### OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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DREAT Enter (O V THE LAST PAGE CALLY) the total amount facel.	Other Receipts: Interest □Loan Misc (specify)	anlar this figure	oziA A stube	DS no sopra fi
5.	Contributions:  Direct In-Kind (describe)			
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## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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1.	BETHEL A.M.E. CHURCH	Contributions: Direct In-Kind (describe)	does to each	e priliam bro	4/17/03
	497 SOUTH 5th ST. NOBLESUILLE, FN 46060	Other Receipts:  Interest □Loan  Misc (specify)	40000	40000	MARY SUE ROWALD
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	es contributions, breiseing in-kind, translate-in or oliner receipts	Other Receipts:	YEAR-TO-	HAULATIVE	NLUMN B CT
4.	a neceived. For checks and manay orders indicate the date the mailed or deposited in an account. For cash contributions, that	Contributions:	month, day, an	port or see ED; Enter the Use (neck or i	TE RECEIV
	mamber, NOT when mailed at deposition in an account.  If the contribution for the committee (IC 3-3-1-25)  If the care of Schodule A. If them is only one care of this Schodule.	Other Receipts:  Interest □Loan □ Misc (specify)	eetilmmoo e	antw beviscen dt tetn5 :Yi	a daviso
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		PUBLIC QUESTION INFORMATION			
Type of Question: Statewide Locosition: Supported Dopposed	al				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE		COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITUR
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE D) Debts Owed by This Committee

	FILE NUMBER	
	-	
Page	of	1

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State F	orm 4606 (R9 / 11-99)	)
Indiana	<b>Election Commission</b>	(IC 3-9-5-14)
Anniny	ed by State Board of	Accounts 1999

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Page	of_		

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS( if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	BALANCE THI PERIOD
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